

## **Application Data Sheet**

### **Application Information**

Application Number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of CDs:

Sequence Submission:

Computer Readable Form (CRF):

Title: HEMOSTASIS VALVE AND METHOD  
OF USING A HEMOSTASIS VALVE

Attorney Docket Number: GCC-108

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: 1

Total Drawing Sheets: 13

Small Entity: Yes

Latin Name:

Variety Denomination Name:

Petition Included:

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.:

## **Applicant Information**

Applicant Authority Type:	Inventor
Primary Citizenship Country:	US
Status:	Full Capacity
Given Name:	James
Middle Name:	H.
Family Name:	Layer
Name Suffix:	
City of Residence:	Cooper City
State or Province of Residence:	Florida
Country of Residence:	US
Street of Mailing Address:	10427 S.W. 49 Place
City of Mailing Address:	Cooper City
State or Province of Mailing Address:	Florida
Country of Mailing Address:	US
Postal or Zip Code of Mailing Address:	33328

Applicant Authority Type:	
Primary Citizenship Country:	
Status:	
Given Name:	
Middle Name:	
Family Name:	
Name Suffix:	
City of Residence:	
State or Province of Residence:	
Country of Residence:	
Street of Mailing Address:	
City of Mailing Address:	

Attorney Docket No.: GCC-108

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing Address:

Applicant Authority Type:

Primary Citizenship Country:

Status:

Given Name:

Middle Name:

Family Name:

City of Residence:

State or Province of Residence:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing Address:

### **Correspondence Information**

Correspondence Customer Number: 35996

### **Representative Information:**

Representative Customer Number: 35996

### Domestic Priority Information

Application	Continuity Type	Parent Application	Parent Filing Date
This application	Non-provisional of	60/427,251	November 19, 2002

### Foreign Priority Information

Country	Application No.	Filing Date	Priority Claimed

### Assignee Information

Assignee Name: GMP|Cardiac Care, Inc.  
Street of Mailing Address: One East Broward Blvd., Suite 1701  
City of Mailing Address: Fort Lauderdale  
State or Province of Mailing Address: Florida  
Country of Mailing Address: US  
Postal or Zip Code of Mailing Address: 33301